

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS CONSERVATION
P.O. Box 2244
FRANKFORT, KY 40601 PHONE (502) 573-0147



AFFIDAVIT OF WELL LOG
AND COMPLETION REPORT
AS REQUIRED BY LAW

(TYPE OR PRINT IN INK) OPERATOR'S PHONE: _____

WELL IDENTIFICATION PERMIT NO. _____ OPERATOR _____ FARM NAME _____ WELL NO. _____				TYPE OF COMPLETION (CHECK ONE) DRY HOLE..... <input type="checkbox"/> OIL..... <input type="checkbox"/> GAS..... <input type="checkbox"/> DOMESTIC GAS..... <input type="checkbox"/> ENHANCED RECOVERY: _____ SERVICE WELL: _____ WATER INJECTION..... <input type="checkbox"/> WATER SUPPLY..... <input type="checkbox"/> GAS INJECTION..... <input type="checkbox"/> SALT WATER DISPOSAL.. <input type="checkbox"/> GAS STORAGE: _____ OBSERVATION..... <input type="checkbox"/> INJECTION-EXTRACTION.. <input type="checkbox"/> OTHER..... <input type="checkbox"/> OTHER DESCRIBE _____																																						
TYPE OF OPERATION TWIN..... <input type="checkbox"/> REOPEN..... <input type="checkbox"/> NEW WELL..... <input type="checkbox"/> WORKOVER..... <input type="checkbox"/> DEEPENING..... <input type="checkbox"/>				LOCATION COUNTY _____ SEC. _____, LTR: _____, NO. _____ <input type="checkbox"/> FNL <input type="checkbox"/> FEL <input type="checkbox"/> FSL <input type="checkbox"/> FWL																																						
ELEVATION _____ (D.F.) _____ (K.B.)																																										
OPERATIONAL DATES COMMENCED _____ COMPLETED _____ PLACED IN OPERATION _____ PLUGGED _____ SHUT-IN _____				WELL TREATMENT TYPE OF FRAC. SHOT TYPE SHOT _____ SHOT INTERVAL _____ SHOT AMOUNT _____																																						
DRILLING CONTRACTOR NAME _____ ADDRESS _____				COMPLETION INTERVAL, PERFORATIONS OR OPEN HOLE FORMATION _____ INTERVAL _____ FORMATION _____ INTERVAL _____ PLUGGED _____ SHUT-IN _____																																						
WATER ENCOUNTERED (FRESH, SALT, SULFUR) <table><tr><td>TYPE</td><td>FROM</td><td>TO</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table> COMMENTS _____				TYPE	FROM	TO	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	TREATMENT TYPE OF TREATMENT _____ ACID AMOUNT _____ BBLS. _____ 2ND STAGE _____ BBLS. TOTAL FLUID _____ BBLS. _____ 2ND STAGE _____ BBLS. TOTAL NITROGEN _____ SCF TOTAL SAND _____ LBS																				
TYPE	FROM	TO																																								
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GEOPHYSICAL LOGS RUN (AS REQUIRED BY KRS 353.550(2)) (ELECTRICAL, INDUCTION, SONIC, GAMMA RAY, NEUTRON, DENSITY, ETC.) <table><tr><td>TYPE</td><td>FROM</td><td>TO</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>				TYPE	FROM	TO	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	ADDITIONAL CEMENTING SQUEEZE CEMENT _____ SKS. _____ TOP _____ INTERVAL PLUG BACK _____ SKS. _____ TOP _____ INTERVAL																				
TYPE	FROM	TO																																								
_____	_____	_____																																								
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TOTAL DEPTH DRILLED _____ (AS REQUIRED BY KRS 353.570)				INITIAL TEST VOLUMES OIL: NATURAL _____ B/D _____ DATE AFTER TREATMENT _____ B/D _____ DATE GAS: NATURAL _____ MCF _____ DATE AGAINST BACKPRESSURE OF _____ PSI SHUT-IN PRESSURE _____ AFTER _____ HOURS AFTER TREATMENT _____ MCF _____ DATE AGAINST BACKPRESSURE OF _____ PSI SHUT-IN PRESSURE _____ AFTER _____ HOURS																																						
CASING DATA <table><tr><td>CASING OUTSIDE DIAMETER</td><td>HOLE DIAMETER</td><td>DEPTH</td><td>CEMENT NO. SKS.</td><td>PULLED YES/NO</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table> CEMENT YIELD IN CUBIC FEET/SACK = _____ COMMENTS _____				CASING OUTSIDE DIAMETER	HOLE DIAMETER	DEPTH	CEMENT NO. SKS.	PULLED YES/NO	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	LIST DST'S, CORES, FILL-UP TESTS AND OTHER SPECIALIZED TESTS <table><tr><td>TYPE</td><td>FROM</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>				TYPE	FROM	_____	_____	_____	_____	_____	_____	_____	_____
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THIS FORM MUST BE COMPLETED AND FILED FOR EVERY PERMIT IMMEDIATELY AFTER COMPLETION OF THE WELL. RE-OPENED WELLS NEED NOT INCLUDE A DRILLER'S LOG. HOWEVER, THE FRONT SIDE OF THIS FORM MUST BE COMPLETED. INCOMPLETE FORMS WILL BE REJECTED.

FORMATION RECORD

FROM	TO	ROCK TYPE (DESCRIBE ROCK TYPES AND OTHER MATERIALS PENETRATED AND RECORD OCCURENCES OF OIL, GAS AND WATER FROM SURFACE TO TOTAL DEPTH.)	FROM	TO	ROCK TYPE (DESCRIBE ROCK TYPES AND OTHER MATERIALS PENETRATED AND RECORD OCCURENCES OF OIL, GAS AND WATER FROM SURFACE TO TOTAL DEPTH.)

AFFIDAVIT

_____, OPERATOR OF THE WELL CAPTIONED AS
PERMIT NUMBER _____ DOES HEREBY SWEAR THAT THE DEPTH OF THE WELL IS ACCURATE
AND CORRECT AND DOES NOT EXCEED THE **PERMITTED DEPTH** OF _____.

SIGNATURE OF OPERATOR _____
TITLE _____ DATE _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 ____.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC